

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064630

1. Entity Name

DIPAMO, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90213 050 \*\*\*150.00

Principal Place of Business

4860 E. 10 AVENUE  
HIALEAH FL 33013

Mailing Address

4860 E. 10 AVENUE  
HIALEAH FL 33013-2120

2. Principal Place of Business

BAY #3  
Suite, Apt. #, etc.  
HIALEAH, FL  
City & State  
33014  
Zip

3. Mailing Address

BAY #3  
Suite, Apt. #, etc.  
HIALEAH, FL  
City & State  
33014  
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0692660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORTE, ALFREDO  
4860 E 10 AVE  
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS  
NAME FORTE, DAISY  
STREET ADDRESS 18146 NW 61 PL  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE VP  
NAME FORTE, ALFREDO  
STREET ADDRESS 18146 NW 61 PL  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 305-687-8777

CR2E034 (9/99)